



CHAIRPERSON  
Luis Garcia, PsyD

EXECUTIVE OFFICER  
Ann Ameill-Py, PhD

October 7, 2011

Diana Dooley  
Secretary, Health and Human Services  
1600 9<sup>th</sup> Street, Room 450  
Sacramento, CA 95814

Dear Secretary Dooley:

The California Mental Health Planning Council (Council) is mandated through both state and federal Statute to advise the Department of Mental Health and the Legislature on mental health policy so we are keenly interested in the proposed reorganization of the Department of Mental Health. The realignment of 2011 has significantly altered the structure and landscape of mental health services by proposing the elimination the Department of Mental Health and the Department of Alcohol and Drug Programs. In May, the Council voiced its opposition to relocating mental health services to the Department of Health Care Services, citing the loss of influence on state policy and concern that the focus on wellness and recovery principles will be lost. It maintains that position today.

The Council has participated in several workgroups with community organizations and forums to determine where non-Medi-Cal activities and services should be housed and administered. The most recent collaboration, as part of a Coalition for Mental Health consensus workgroup, resulted in the following unanimous recommendations for a single state entity that:

- Performs licensing and certification functions that pertain to housing and services for people with psychiatric disabilities – provided the relocation of the certification process does not jeopardize federal funding
- Establishes performance outcome benchmarks, and monitors and documents county mental health treatment programs through data collection and analyses
- Promulgates and updates regulations pertaining to community mental health treatment systems and revises MHSA regulations to reflect the counties' increased responsibilities
- Maintains an active and involved Office of Multicultural Services that reports directly to the Director of the new state entity
- Establishes an Office of Consumer Affairs
- Implements an Issue Resolution process for consumers, family members, and community stakeholders
- Administers federal obligations, including SAMHSA and PATH grant
- Appoints and maintains an autonomous Mental Health Planning Council
- Ensures the uniform application of the standards and requirement of the Lanterman-Petris-Short (LPS) Act among counties

We believe that that the new state entity should be the California Substance Abuse and Mental Health Services Administration (CalSAMHSA). CalSAMHSA would include both the current Department of Mental Health's non-Medi-Cal functions and

Diana Dooley, Secretary

October 7, 2011

Page Two

the non-Medi-Cal functions of the Department of Alcohol and Drug Programs. The formation of a Cal-SAMHSA – separate from the DHCS - would be superior to making them subordinate programs in the DHCS. One reason that supports this combination is that SAMHSA, the federal agency, is currently combining its grant applications for Substance Abuse and Mental Health Services and will require that states strategize a means to incorporate both functions into their state Mental Health Mental Health Block Grant Plans. California should reflect this federal model.

Combining these two Departments would consolidate their authority and maintain autonomy in the State administration while streamlining and reinforcing state level programs. Relegating these two essential functions to a second-tier program level at DHCS would likely result in a loss of direction and influence that would erode service levels and quality.

The Council would also like to emphasize that the essential five core elements of effective mental health services—cultural competence, wellness/recovery, consumer/family driven, integrated service experiences, and community collaboration—must remain a focus at the state level if they are to be reflected at the local level. Meaningful stakeholder participation must be ensured and protected in order to preserve the positive gains in community mental health. We believe that establishing CalSAMHSA is the only alternative that will ensure the continued commitment to these values.

Thank you for allowing us this opportunity to comment on the reorganization of state mental health services. We hear testimony from our stakeholders throughout the year, and we appreciate being able to share their concerns and thoughts. If you have any questions or comments, please contact Ann Arneill-Py at [Ann.Arneill-Py@dmh.ca.gov](mailto:Ann.Arneill-Py@dmh.ca.gov) or (916) 651-3803.

Sincerely,

Luis Garcia, Psy.D

Chair, California Mental Health Planning Council

cc: Cliff Allenby, Acting Director, DMH  
Toby Douglas, Director, DHCS  
Diane Cummins, Special Advisor, Office of the Governor